ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE Street Address:	
Mailing Address:	
City & Zip Code:	
Petitioner/Protected Person:	
Respondent/Restrained Person:	
DECLARATION RE: TWELVE HOUR NOTICE UPON EX PARTE APPLICATION FOR ORDERS	CASE NUMBER:
I, the undersigned, declare:	
	Restrained Person ted Respondent/Restrained Person
2. The opposing party is represented by counsel: Yes No	icu respondenti restranteu i erson
(If you checked "yes," fill in attorney's name, address and te	elephone number)
3. The parties to this action have not been involved in another Family Law, Probate or Juvenile court case.	
(If there has been another case, fill in the case number:)
4. I have given notice of this Ex Parte Application to	Yes No (skip #5 and 6.
A. By a telephone call at a.m./p.m. on	Complete #7)
B. By personal delivery of a copy of the document at	a.m./p.m. on .
To Petitioner/Protected Person Respondent/Restrained Perso	n
Attorney for Petitioner/Protected Person Responde	
C. Personally advised at a.m./p.m. on	
D.	
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 The other party was advised to appear on at Family Law Court located at: 	a.m./p.m. at the
4175 Main Street, Riverside, CA. Dept. F1 Dep	t. F2 Dept. F3 Dept. F4
_	t. 2E Dept. 3M
880 N. State Street, Hemet, CA. Dept. H4 30755-D Auld Rd., Ste. 1226, Murrieta, CA Dept. S101	N. Broadway, Blythe, CA. Dept. 260
-	N. Broadway, Blythe, CA. Land Dept. 260
6. I received the following response	
 I have not given notice of the application for the ex parte orders because: a. Notice would frustrate the purpose of the orders sought. 	
b. Applicant would suffer immediate and irreparable harm before the orders could issue.	
c. No significant burden of inconvenience to the responding party will result.	
d. I made reasonable, good faith efforts to give notice as follows:	
I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct. Time:	
a.m./p.m. on .	
·	SIGNATURE OF DECLARANT